

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR HEALTH PERMIT/INSPECTION
SWAP MEET**

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406 – (805) 781-5544

We now accept Visa, MasterCard and Discover over the phone and at our office.

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DEPARTMENT BEFORE OPERATING.**

OWNER _____ DATE _____

(DBA) DOING BUSINESS AS
(IF DIFFERENT FROM OWNER NAME) _____

BUSINESS
MAILING ADDRESS _____ PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

SWAP MEET LOCATION (Circle one): SAN LUIS OBISPO/SUNSET NIPOMO SWAP MEET

CIRCLE TYPE OF SALES: WHOLE, UNCUT PRODUCE ONLY NON-POTENTIALLY HAZARDOUS PRE-PACKAGED FOOD ONLY WHOLE, UNCUT PRODUCE **AND** NON-POTENTIALLY HAZARDOUS PRE-PACKAGED FOODS

WHOLE, UNCUT PRODUCE IS PURCHASED FROM: _____

NON-POTENTIALLY HAZARDOUS PRE-PACKAGED FOOD IS PURCHASED FROM: _____

PRE-PACKAGED FOOD MUST BE STORED IN AN APPROVED LOCATION. FOOD IS STORED AT (COMMISSARY): _____

ADDRESS: _____

IF COMMISSARY IS OUTSIDE SAN LUIS OBISPO COUNTY (PROVIDE COPY OF HEALTH PERMIT)

TYPE OF FOOD ITEMS SOLD: _____

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DO NOT WRITE BELOW THIS LINE

RECORD ID # _____ PROGRAM # _____ ELEMENT _____

AMOUNT DUE _____ () PAID () STILL OWES _____

() CASH () CHECK # _____ () CC AUTH # _____ INITIALS _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____

STATEMENT OF COMMISSARY USE ATTACHED: YES NO N/A

COPY OF HEALTH PERMIT (IF OUTSIDE SLO COUNTY): YES NO N/A

CHANGE IN COMMISSARY IN PAST YEAR: YES NO

HEALTH PERMIT APPROVED BY: _____, EHS DATE _____